

MONTANA OFFICE OF VITAL STATISTICS  
111 N SANDERS RM 209 / PO BOX 4210  
HELENA, MONTANA 59604-4210  
406-444-2685  
County Application

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**WHO CAN ORDER A DEATH CERTIFICATE?**

Complete copies of a certified death certificate within two years of the date of death can only be issued to the following: parent, spouse, child (must provide proof of relationship/legal need), legal guardian (must provide proof of guardianship), authorized representative (must provide proof) or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights, proof of relationship, guardianship, or authorization is required before they may obtain certified copy of a death record.

Other requestor may receive a copy of a death certificate, however, because of HIPPA restrictions the cause of death information will be protected for two years. After two years they may receive a complete "Informational Only" copy upon producing identification and demonstrating a need.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

**Suggested Identification**

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature	OR
<ul style="list-style-type: none"><li>• Driver's License</li><li>• State ID Card</li><li>• Passport</li><li>• Military ID Card</li><li>• Tribal</li></ul>	<ul style="list-style-type: none"><li>• Social Security Card</li><li>• Work ID Card</li><li>• Car registration/Insurance</li><li>• Doctor/Medical record</li><li>• Fishing License</li><li>• US Military DD 214</li><li>• Utility Bill with a current address</li><li>• Voter Registration Card</li></ul>	<ul style="list-style-type: none"><li>• Credit/Debit/ATM Card</li><li>• School ID Card</li><li>• Library Card</li><li>• Insurance Record</li><li>• Pay Stub</li><li>• Traffic/ Pawn ticket</li><li>• Court record</li><li>• Year Book</li></ul>
		<ul style="list-style-type: none"><li>• Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy)</li><li>• Have an authorized family member that has an ID order the certificate</li></ul>

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies of **both sides** of the ID when mailing your request

**IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.**

**FEE (All fees must be U.S. funds)**

- **CERTIFIED COPIES OF A DEATH CERTIFICATE** cost \$3.00 for the each copy, (**non-refundable**)
- **INFORMATIONAL COPIES OF A DEATH CERTIFICATE** the cost is \$.50. (**non-refundable**)
- **SEARCHES**: \$.50 for the each year. (An informational copy will be issued if record is found) (**non-refundable**)

**Please complete the following information.**

Decedent's Name: \_\_\_\_\_  
Date of Death (We need a date to begin searching if date is unknown): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Death: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Parents Names: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Number of Copies \_\_\_\_\_ Type of record needed? Certified \_\_\_\_\_ Not Certified \_\_\_\_\_  
Reason record is needed \_\_\_\_\_

**Mailing or Delivery Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Notary** (For use if needed)

\_\_\_\_\_ personally appeared before me and whose  
identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SEAL

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_ My commission expires: \_\_\_\_\_

**Official Use Only**

Date \_\_\_\_\_  
Rec# \_\_\_\_\_  
Amount \_\_\_\_\_  
Cert # \_\_\_\_\_  
Ser # \_\_\_\_\_  
Comment \_\_\_\_\_

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT, OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114(C), MCA)**